



ESC Bronze Plan Design

Essential StaffCARE Fixed Medical Benefits			
Medical Network	First Health	Prescription Network	Caremark
Network Provider Must Accept Plan	Yes	Pre-Existing Condition Limitation	None
Annual Maximum	UNLIMITED		
MEMBER BENEFITS	In Network	Out of Network	
Individual Deductible	\$5,500	\$11,000	
Family Deductible	\$11,000	\$22,000	
Co-insurance	20%	40%	
OUT-OF-POCKET MAXIMUM (includes deductible)			
Individual	\$6,350	\$12,700	
Family	\$12,700	\$25,400	
ESSENTIAL HEALTH BENEFITS (Co-insurance payable after the deductible)			
Preventive Care/Screening/Immunization 100% covered in-network (no deductible if in-network)	0%	40%	
Physician Office Visits	20%	40%	
Ambulatory Patient Services	20%	40%	
Hospitalization (In-Patient and Out-Patient)	20%	40%	
Hospice	20%	40%	
Mental Health and Substance Abuse, Behavioral Health	20%	40%	
Maternity and Newborn Care	20%	40%	
Laboratory Services	20%	40%	
Rehabilitative and Habilitative Services/Devices	20%	40%	
Emergency Services	20%	40%	
PRESCRIPTION DRUGS (Co-insurance payable after the deductible)			
Generic	20%	40%	
Preferred Brand	30%	50%	
Non-Preferred Brand	40%	50%	
Specialty	50%	N/C	

Monthly Premium

2 Tier Rates	Bronze Monthly Rates
Employee Only	\$XXX.XX
Employee + Child(ren)	\$XXX.XX